

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 1999-23**Box No. I TITLE OF INVENTION**

DIGITAL CONTENT DISTRIBUTION SYSTEM AND METHOD

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DIGITAL VIDEO EXPRESS, L.P.
580 Herndon Parkway, Suite 700
Herndon, VA 20170
United States of America

☐ This person is also inventor.Telephone No.
(703) 481-3360Facsimile No.
(703) 481-3361

Teleprinter No.

State (that is, country) of nationality:
USState (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SCHUMANN, Robert
11723 Quay Rd
Oakton, VA 22124
United States of America

This person is:

☐ applicant only☐ applicant and inventor☒ inventor only (if this check-box is marked, do not fill in below.)State (that is, country) of nationality:
USState (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

GROSSMAN, David
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Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the address must include postal code and name of country.

Sheet No. 2

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>GOLDSHLAG, David 11209 Bybee Street Silver spring, MD 20902 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>KRAVITZ, David 4311-B Ramona Drive Fairfax, VA 22030 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>IU, Siu-Leong 1211 Garbo Way, Apt. 305 San Jose, CA 95117 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>MERCIER, Guillaume 1504 Lincoln Way, Apt 437 McLean, VA 22102 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: FR	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	

Sheet No. 3


Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) WHITTEMORE, Richard 12953 Oak Lawn Place Oak Hill, VA 20171 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BERGERON, Michael 15150 Whispering Springs Lane Montpelier, VA 23192 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) EHRHARDT, Jack 7520 Century Drive Richmond, VA 23229 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) VITKUS, Richard 3013 Crossfield Rd. Richmond, VA 23233 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	

Sheet No. 4

Box No. V	DESIGNATION OF STATES
The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):	
Regional Patent	
<input checked="" type="checkbox"/> AP	ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
<input checked="" type="checkbox"/> EA	Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
<input checked="" type="checkbox"/> EP	European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
<input checked="" type="checkbox"/> OA	OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)
National Patent (if other kind of protection or treatment desired, specify on dotted line)	
<input checked="" type="checkbox"/> AE	United Arab Emirates
<input checked="" type="checkbox"/> AL	Albania
<input checked="" type="checkbox"/> AM	Armenia
<input checked="" type="checkbox"/> AT	Austria
<input checked="" type="checkbox"/> AU	Australia
<input checked="" type="checkbox"/> AZ	Azerbaijan
<input checked="" type="checkbox"/> BA	Bosnia and Herzegovina
<input checked="" type="checkbox"/> BB	Barbados
<input checked="" type="checkbox"/> BG	Bulgaria
<input checked="" type="checkbox"/> BR	Brazil
<input checked="" type="checkbox"/> BY	Belarus
<input checked="" type="checkbox"/> CA	Canada
<input checked="" type="checkbox"/> CH and LI	Switzerland and Liechtenstein
<input checked="" type="checkbox"/> CN	China
<input checked="" type="checkbox"/> CU	Cuba
<input checked="" type="checkbox"/> CZ	Czech Republic
<input checked="" type="checkbox"/> DE	Germany
<input checked="" type="checkbox"/> DK	Denmark
<input checked="" type="checkbox"/> EE	Estonia
<input checked="" type="checkbox"/> ES	Spain
<input checked="" type="checkbox"/> FI	Finland
<input checked="" type="checkbox"/> GB	United Kingdom
<input checked="" type="checkbox"/> GD	Grenada
<input checked="" type="checkbox"/> GE	Georgia
<input checked="" type="checkbox"/> GH	Ghana
<input checked="" type="checkbox"/> GM	Gambia
<input checked="" type="checkbox"/> HR	Croatia
<input checked="" type="checkbox"/> HU	Hungary
<input checked="" type="checkbox"/> ID	Indonesia
<input checked="" type="checkbox"/> IL	Israel
<input checked="" type="checkbox"/> IN	India
<input checked="" type="checkbox"/> IS	Iceland
<input checked="" type="checkbox"/> JP	Japan
<input checked="" type="checkbox"/> KE	Kenya
<input checked="" type="checkbox"/> KG	Kyrgyzstan
<input checked="" type="checkbox"/> KP	Democratic People's Republic of Korea
<input checked="" type="checkbox"/> KR	Republic of Korea
<input checked="" type="checkbox"/> KZ	Kazakhstan
<input checked="" type="checkbox"/> LC	Saint Lucia
<input checked="" type="checkbox"/> LK	Sri Lanka
<input checked="" type="checkbox"/> LR	Liberia
<input checked="" type="checkbox"/> LS	Lesotho
<input checked="" type="checkbox"/> LT	Lithuania
<input checked="" type="checkbox"/> LU	Luxembourg
<input checked="" type="checkbox"/> LV	Latvia
<input checked="" type="checkbox"/> MD	Republic of Moldova
<input checked="" type="checkbox"/> MG	Madagascar
<input checked="" type="checkbox"/> MK	The former Yugoslav Republic of Macedonia
<input checked="" type="checkbox"/> MN	Mongolia
<input checked="" type="checkbox"/> MW	Malawi
<input checked="" type="checkbox"/> MX	Mexico
<input checked="" type="checkbox"/> NO	Norway
<input checked="" type="checkbox"/> NZ	New Zealand
<input checked="" type="checkbox"/> PL	Poland
<input checked="" type="checkbox"/> PT	Portugal
<input checked="" type="checkbox"/> RO	Romania
<input checked="" type="checkbox"/> RU	Russian Federation
<input checked="" type="checkbox"/> SD	Sudan
<input checked="" type="checkbox"/> SE	Sweden
<input checked="" type="checkbox"/> SG	Singapore
<input checked="" type="checkbox"/> SI	Slovenia
<input checked="" type="checkbox"/> SK	Slovakia
<input checked="" type="checkbox"/> SL	Sierra Leone
<input checked="" type="checkbox"/> TJ	Tajikistan
<input checked="" type="checkbox"/> TM	Turkmenistan
<input checked="" type="checkbox"/> TR	Turkey
<input checked="" type="checkbox"/> TT	Trinidad and Tobago
<input checked="" type="checkbox"/> UA	Ukraine
<input checked="" type="checkbox"/> UG	Uganda
<input checked="" type="checkbox"/> US	United States of America
<input checked="" type="checkbox"/> UZ	Uzbekistan
<input checked="" type="checkbox"/> VN	Viet Nam
<input checked="" type="checkbox"/> YU	Yugoslavia
<input checked="" type="checkbox"/> ZA	South Africa
<input checked="" type="checkbox"/> ZW	Zimbabwe
<input type="checkbox"/>	Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:
<input type="checkbox"/>	
<input type="checkbox"/>	

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice confirming that designation at the expiration of the time limit.)

Sheet No. 5

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 06/01/1999	60/144,833	US		
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)				
<small>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</small>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) <small>(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</small>		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA / EP		Date (day/month/year) Number Country (or regional Office)		
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: request : 5 description (excluding sequence listing part) : 34 claims : 11 abstract : 1 drawings : 5 sequence listing part of description : Total number of sheets : 56		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> other (specify): IDS, postcard receipt		
Figure of the drawings which should accompany the abstract: 1		Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
 David G. Grossman Patent Agent Registration number 42,609				

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):	<input type="checkbox"/> not received:
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

Date of receipt of the record copy

For International Bureau use only